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Menopause Symptoms Checklist	
Patient Name:	
OOB:	
*please rate the severity on a scale of 0-5 (0=mild 5=severe	2)

Date				
Hot flashes				
Night sweats				
Sleeplessness				
Mood swings				
Panic attack				
Memory problems				
Low sex drive				
Itchy skin				
Sore breasts				
Headaches				
Fatigue				
Hair loss/growth				
Incontinence				
Vaginal bleeding				
Vaginal dryness				
Vaginal burning/itching				
Painful intercourse				
Other:				